



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

*Serving San Bernardino, Inyo, and Mono Counties*

**515 N ARROWHEAD AVENUE  
SAN BERNARDINO, CA 92415-0060  
909-388-5823 FAX: 909-388-5825**

**CHANGE OF ADDRESS OR EMPLOYER**

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**PRINT OR TYPE - *ALL ITEMS MUST BE COMPLETED***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Certification/Accreditation Number/Expiration Date

\_\_\_\_\_  
Former Address, City, State, Zip

\_\_\_\_\_  
New Address, City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature

*Please send this form to ICEMA as soon as possible to assure that you continue to receive all appropriate notices. Thank you.*